

State of South Dakota



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postmarked 25th

Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Second Century PAC

Complete Mailing Address P. O. Box 5027, Sioux Falls, SD 57117-5027

Name of Person Making Report Richard O. Gregerson Daytime Phone Number (605) 336-3890

If you are a candidate, what office are you seeking? N/A

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) _____

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 5/22/04

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Richard O. Gregerson (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 5/24/04

Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 26th day of May 04
Chi Nelson
SECRETARY OF STATE

Name of Candidate or Committee Second Century PACFor the reporting period ending 5/22/04**Schedule A - Direct Contributions**

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

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Unitemized Contributions from Individuals:

*\$ _____

Itemized Contributions from Individuals

Name	Residence Address	Place of Employment (Name of Employer)	
Welter, Mark J.	2317 S. 4th Avenue	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57105	& Smith P.C.	\$ 200.00
			\$ _____
Haraldson, Comet H.	5238 S. Sweetbriar Ct.	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57108	& Smith P.C.	\$ 200.00
			\$ _____
Lewis, Elizabeth A.	620 N. Marquette	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57110	& Smith P.C.	\$ 200.00
			\$ _____
Carpenter, Melanie L.	708 W. Victory Lane	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57108	& Smith P.C.	\$ 200.00
			\$ _____
Damgaard, Roger W.	2409 Crown Hill Cir.	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57106	& Smith P.C.	\$ 200.00
			\$ _____
Gregerson, Richard O.	One Sunnycrest	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57105	& Smith P.C.	\$ 200.00
			\$ _____
Moore, James E.	5217 Sweetbriar Ct.	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57108	& Smith P.C.	\$ 200.00
			\$ _____
O'Connell, Kris K.	2421 E. Stanton Dr.	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57108	& Smith P.C.	\$ 200.00
			\$ _____
Shattuck, Tim R.	5115 S. Sunflower Tr.	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57108	& Smith P.C.	\$ 200.00
			\$ _____
Taylor, William G.	2709 S. 4th Avenue	Woods, Fuller, Shultz	\$ 200.00
	Sioux Falls, SD 57105	& Smith P.C.	\$ _____
			\$ _____
Thimsen, Gary P.	233 E. 30th Street	Woods, Fuller, Shultz	\$ _____
	Sioux Falls, SD 57105	& Smith P.C.	\$ 200.00
			\$ _____

Total of Itemized Contributions from Individuals:

*\$ _____

Name of Candidate or Committee: Second Century PAC

For the reporting period ending: 5/22/04

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 7,425.00

2. Receipts

Schedule A - Direct Contributions	\$	<u>3,400.00</u>
Schedule B - Fund-Raising Events	\$	<u> </u>
Schedule C - In Kind Contributions	\$	<u> </u>
Schedule D - Other Income	\$	<u> </u>
Total of all Receipts	\$	<u>3,400.00</u>

3. Total Monetary Receipts (A+B+D) \$ 3,400.00

4. Candidate's Personal Contribution to Own Campaign \$

5. Monetary Loans to Candidate or Committee During Reporting Period \$

6. Monetary Loans Repaid During Reporting Period \$

7. Expenditures - Schedule E \$ 1,000.00

8. Unpaid Obligations - Schedule F \$

9. Amount on hand at the close of this reporting period. *
 This should equal lines (1+3+4+5) - (6+7) \$ 9,825.00

Total Expenditures:	<u>\$1,000.00</u>
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Name of Candidate or Committee: _____

For the reporting period ending:_____

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]

Total Obligations:

\$ _____

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: _____

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: _____

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: _____

For the reporting period ending 5/22/04

Schedule A – Direct Contributions

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Unitemized Contributions from Individuals:

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Itemized Contributions from Individuals

[illegible]

